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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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November 16, 2023

RICHARD S. WURMAN 584 OCEAN BOULEVARD GOLDEN BEACH, FL 33160 US

SUBJECT: WURMNAN, INC. Ref. Number: W23000155661

We have received your document for WURMNAN, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 123A00026607

Ariel Jones
Regulatory Specialist II

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| SUBJECT: Wurman, Inc. | | | | | | |
| Name of corporation - must include suffix | | | | | | |
| D. C. M.I. | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Richard S. Wurman | | | | | | |
| Name of Person | | | | | | |
| Wurman, Inc. | | | | | | |
| Firm/Company | | | | | | |
| 584 Ocean Boulevard | | | | | | |
| Address | | | | | | |
| Golden Beach, Florida 33160 | | | | | | |
| City/State and Zip code | | | | | | |
| rsw@wurman.com | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| E man address. (to be used for future united report normeanon) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| | | | | | | |
| Richard S. Wurman at (401) 499-6655 | | | | | | |
| Name of Person Area Code Daytime Telephone Number | | | | | | |
| | | | | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | | | | |
| Registration Section Registration Section | | | | | | |
| Division of Corporations Division of Corporations | | | | | | |
| The Centre of Tallahassee P.O. Box 6327 | | | | | | |
| 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 | | | | | | |
| Tallahassee, FL 32303 | | | | | | |
| Enclosed is a check for the following amount: | | | | | | |

☐ \$78.75 Filing Fee &

■ \$87.50 Filing Fee,

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$78.75 Filing Fee &

□ \$70.00 Filing Fee

'APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| I Wur | man, Inc. | | | | |
|-----------------|--|--|---|--|--|
| (Ente "Inc., | r name of corporation; must include "INCORPORATED" "Co.," "Corp," "Inc," "Co," or "Corp.") | D," "COMPANY," "CORPORATIO | ON," | | |
| <u> </u> | | | | | |
| (It na | me unavailable in Florida, enter alternate corporate name | e adopted for the purpose of transact | ing business in Florida) | | |
| 2. Rhoo | de Island | 3. 95-4213957 | | | |
| (Sta | te or country under the law of which it is incorporated) | (FEI number, if a | ipplicable) | | |
| 4 Octo | ber 29, 2013 | | | | |
| ٠ | (Date of incorporation) | (Date of duration, if other | than perpetual) | | |
| _ | , | (but of dutation, it office | (out of dutation, it office that perpetual) | | |
| 6 | (5. 6 | | | | |
| | (SEE SECTIONS 607 1501 & 607 1 | in Florida, if prior to registration) 1502, F.S., to determine penalty liab | lity) | | |
| 50.1.0 | | | , | | |
| 7.3840 | cean Boulevard Golden Beach, FL 3314 (Principal of | <u> </u> | | | |
| | (Principal of | tice street address) | | | |
| | | | | | |
| | (Current maili | ing address, if different) | | | |
| | | | | | |
| 8. Name | e and street address of Florida registered agent: (P. | O. Box NOT acceptable) | 2021 | | |
| | Name: Richard Wurman | | 1024 HAR - | | |
| | CALL AL D. I | · | 2 | | |
| Office A | Address: 589 Oleon Boulevard | | | | |
| | Golden Beach (City) | Florida 33160 | PH D | | |
| | (City) | (Zip code) | | | |
| | | (1/ | · ယူ - | | |

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| A. DIRECTORS | | | | | | | |
|---|------------------------------|-----------------|-------------|-------------|--|--|--|
| □ Chairman | Name: R: Chard Wurman | □ Chairman | | | | | |
| □Vice Chairman | Address: 584 Ocean Bouleward | ☐ Vice Chairman | Address: | | | | |
| □Director | Golden Beach, FL 33160 | □Director | *** | | | | |
| ⊠ President | | □President | | | | | |
| □Vice President | | ☐Vice President | | | | | |
| Secretary | Treasurer | Secretary | | □Treasurer | | | |
| Other | Other | □Other | | Other | | | |
| □ Chairman | Name: | □Chairman | Name: | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | | |
| □Director | | □Director | | | | | |
| □President | | □President | | | | | |
| □Vice President | | □Vice President | | | | | |
| Secretary | Treasurer | ☐ Secretary | | Treasurer | | | |
| □Other | Other | □ Other | | □Other | | | |
| □ Chairman | Name: | □ Chairman | Name: | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | | |
| □Director | | □Director | | | | | |
| □President | | □President | | | | | |
| □Vice President | | ☐Vice President | | | | | |
| Secretary | ☐Treasurer | ☐ Secretary | | ☐ Treasurer | | | |
| Other | Other | Other | <u>_</u> _ | □Other | | | |
| Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | | | | | | | |
| 13. <u> Kic</u> | HARD WURMAN | | | | | | |



State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

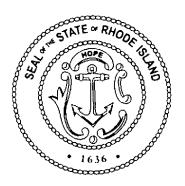
CERTIFICATE OF GOOD STANDING

I, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

Wurman, Inc.

is a Rhode Island Business Corporation organized on **October 29, 2013.** I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.



SIGNED and SEALED on

Trey M ance

October 24, 2023

Secretary of State

Certificate Number: 23100101510

Verify this Certificate at: http://business.sos.ri.gov/CornWeb/Certificates/Verify.asn